

CITY OF LINCOLN, NEBRASKA

UNIT PRICE QUOTATION

PAVEMENT CONSTRUCTION AND RECONSTRUCTION SERVICES, Spec. 03-017

Date: _____

TO DEPARTMENT/REPRESENTATIVE: _____

FROM (CONTRACTOR): _____

PROJECT NUMBER: _____

PROJECT DESCRIPTION: _____

When making a quotation please breakdown the Total Cost into the following categories: Schedule I - Concrete Work, Schedule II - Asphaltic Concrete Work, and Schedule III - Mobilization. Fill in the following Tables in the areas as shown. If an item does not apply, please do not make an entry in that column.

TIME OF COMPLETION

Estimated Start Date	
Number of Days to Complete	

SCHEDULE I - CONCRETE WORK

DESCRIPTION	UNIT PRICE	QUANTITY	TOTAL \$ AMOUNT
1. Type "B" Sawing - Portland Cement Concrete Pavement			
2. Type "C" Sawing - Portland Cement Concrete Driveways			
3. Miscellaneous Asphalt and Concrete Removal			
4. Concrete Sidewalk, 4" Thick			
5. Concrete Bikeway, 5" Thick			
6. Concrete Driveway, 6" Thick			
7. Concrete Driveway, 8" Thick			
8. Remove and Replace Concrete Sidewalk, 4" Thick, Complete			
9. Remove and Replace Concrete Bikeway, 5" Thick, Complete			
10. Remove and Replace Concrete Driveway, 6" Thick, Complete			
11. Remove and Replace Concrete Driveway, 8" Thick, Complete			
TOTAL CONCRETE WORK:			

SCHEDULE II - ASPHALTIC CONCRETE WORK

DESCRIPTION	UNIT PRICE	QUANTITY	TOTAL \$ AMOUNT
1. Type "A" Sawing - Asphaltic Concrete Pavement			
2. Type "D" Sawing - Asphaltic Concrete Surface Course			
3. Miscellaneous Asphalt and Concrete Removal			
4. Non-Woven Pavement Overlay Fabric, In Place			
5. Asphaltic Concrete Curb			
6. Remove and Replace Asphaltic Concrete Curb, Complete			
7. Concrete Curb			
8. Remove and Replace Concrete Curb, Complete			
9. Asphaltic Concrete Pavement Class 2, non-arterial streets & parking area			
10. Asphaltic Concrete Resurfacing			
11.a. Paint Pavement Marking, with glass beads			
11.b. Paint Pavement marking, without glass beads			
TOTAL ASPHALTIC CONCRETE WORK:			

SCHEDULE III - MOBILIZATION:

\$ _____

TOTAL PRICE (NOT TO EXCEED)

\$ _____

FIRM: _____

BY: _____

ADDRESS: _____

PHONE: _____

APPROVED BY: _____

Department/Agency Representative

DATE: _____

Change Order #: _____

Accepted: _____

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